

10/591704
IAP9 Rec'd PCT/PTO 06 SEP 2006

Application Data Sheet

Application Information

Application Type:: National Stage
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: ORAL FLUID DELIVERY OR SAMPLING
DEVICE
Attorney Docket Number:: 0624-1004
Request for Early
Publication?::
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 3
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: ANNE-MARIE
Middle Name::
Family Name:: PONTIS
Name Suffix::
City of Residence:: SAINT REMY LES CHEVREUSE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 1, RUE VICTOR HUGO
Address::
City of Mailing Address:: SAINT REMY LES CHEVREUSE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-78470

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2005/000546	3/8/05

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0402471	3/10/04	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::